

clubs, the radio stations and newspapers, were all brought into contact with the purpose of the session through visiting guest speakers and local representatives of the American College of Surgeons. The committee in charge of the publicity consisted of only two local members, who did their work with the aid of material sent out by the central Chicago office of the College. The cost in money was not great. The plans were discussed by the local committee a few months ahead, in several brief meetings, at which the details of the program and appointments for talks before clubs and over the radio were determined.

The American College of Surgeons was in session only two days; but, incidental to the scientific discussions at the meetings, some thirty different assemblies were held in nineteen high schools and junior colleges. Those talks on public health topics were given in popular language and reached an estimated audience of thirty thousand students. Speakers at service clubs and churches engaged the attention of many other hearers.

About twenty broadcasts were given over stations KFI, KECA, and KFAC, whose generous coöperation made it possible to carry the message of scientific medicine to additional thousands. On the night of the big Community Health meeting, an audience of seven thousand citizens filled the seats of the Shrine Auditorium, and the entire program, beginning at 8 p. m., was given a broadcast of one hour and a half over KECA.

The five newspapers of Los Angeles not only gave generously of space and position, but printed excellent digests of the scientific addresses. The newspaper clipping folio, covering a four-day period, reveals a total of about sixty column feet of news, copiously illustrated and dealing largely with topics on preventive medicine. This was certainly an expression of intensive publicity.

* * *

Publicity Campaigns Should Be Used More Often.—It is evident, therefore, from what has been outlined above that, in present days especially, a great service can be rendered, in the interest of the public health and scientific medicine, by carefully matured publicity campaigns, when carried on in conjunction with sessions such as those of the California-Nevada section of the American College of Surgeons, or of the annual sessions of the California Medical Association and its component county societies.

Scientific and organized medicine suffer today from overgreat and mistaken modesty in not carrying the message of their work to lay citizens. That is one of the reasons why scientific medicine is so often misunderstood, and why cultist medicine, with its deficient standards, is so frequently accepted by a large number of lay citizens. As before stated, with proper preliminary thought and diplomatic and courteous approach, amazing publicity programs could be successfully carried through in many communities of California. It is a subject worthy of the serious attention of state and county medical societies.

ANOTHER PROPOSED INITIATIVE

Legislative Sessions Bring Forth a Multitude of Anti-Public Health Measures.—Through past experience, members of the medical profession know that all kinds of weird measures, having some relationship to the public health and medical practice, will in all probability be presented at the next session of the California Legislature to be convened on January 2, 1935.

In the February CALIFORNIA AND WESTERN MEDICINE, on page 122, were printed some comments on "A Proposed Cultist Initiative Law." A perusal of the excerpts there given must have given a shock to many readers. However, if that proposed initiative seemed to contain absurdities, how will readers of CALIFORNIA AND WESTERN MEDICINE characterize quotations from another proposed initiative, a copy of which, printed below, was recently sent to the editor. The sponsors of this measure, under a real or other name, mailed their proposed law with a transmittal letter, the communication being printed on a letterhead with a San Francisco address but giving no names of officers. In this letter of transmittal it is stated:

"The enclosed proposed legislation is now in the hands of the Attorney General for summary and circulation title.

"The [name of the organization], composed of a group of public-spirited citizens, is desirous of knowing whether or not the various leaders among the public health organizations would support this type of constructive legislation.

"If it is desired on their part, we would suggest that you circulate these petitions in conjunction with your county group of the [name of the organization], to the end that this proposed measure will be successful in the November 6 election."

The foregoing language in behalf of the proposed "constructive legislation" appears innocent enough, and could be used in presenting any one of a host of meritorious measures. It is the more remarkable when the text of the proposed law is considered.

* * *

What the Proposed Initiative Would Do.—Read now some excerpts from this proposed "constructive legislation," which has the title of "Physicians' Liability Act." We reprint it, because it is important that members of the medical profession, in a consideration of modern legislation by initiative vote of the people, or as proposed in the legislative halls at Sacramento, should realize what organized and scientific medicine are at times called upon to face.

Some quotations follow:

Section 1. Any physician and/or surgeon who shall perform any unnecessary operation upon any person, or who shall sever any tissue unnecessarily, or who shall advise or prescribe any unnecessary surgical procedure or operation upon any person, shall be held to be in violation of the terms and provisions of this Act.

Section 2. All excised parts, glands, tissues or other excised matter must be kept in a carefully labeled receptacle and preserved for a period of at least ten days after the removal of the same, at the expiration of which time the same may be destroyed upon the written consent of the patient or a person related to said patient within the second degree of consanguinity, said written consent shall be effective only if obtained

after the operation. Within said period of ten days or at any other time before the written consent hereinbefore referred to is obtained, said excised material must be delivered upon written demand to the patient operated upon or his or her agent or attorney.

Section 3. If at a hearing held before the California State Medical Board it appears that the person complained against has violated the provisions of this Act, the Board shall forthwith revoke or suspend his or her certificate for license to practice medicine and/or surgery in this State. Either party to the action may ask for Writ of Review to a court of competent jurisdiction.

Section 4. For the purposes of this Act, an unnecessary operation is defined as an operation performed in which no pathology is found to exist; or an operation performed in pursuance of a wrong diagnosis; or an operation performed from which the patient could not reasonably be expected to receive the relief of symptoms upon which the operation is premised and, if in fact, after said operation patient did not receive relief from said symptoms; or an operation performed by any person who did not at the time of the performance have or use the necessary skill or training requisite to perform such operation, or was negligent in performing said operation.

For the purposes of this section a wrong diagnosis is hereby defined as a diagnosis in which the physician or surgeon arrives at a wrong conclusion respecting the nature or character of the patient's condition, as a result of overlooking or not giving due weight to symptoms which are inconsistent and in conflict with symptoms characterizing the said finding or diagnosis premising the operation.

Any person who may, or shall, be charged with, or complained of as, having performed an operation without possessing the necessary degree of skill and/or training as required by this section, shall bear the burden of proving as a matter peculiarly within the knowledge of the person so charged or complained of, that such person so charged or complained of does possess the necessary degree of skill and/or training to perform the particular type or form of operation so complained of or charged.

Section 5. Before performing any operation, a physician must first in writing diagnose the patient's condition and set forth therein the purpose of the operation; one copy of said diagnosis must be filed with the Board of Health of the county or city and county in which the operation is to be performed, before the operation is started; one copy must be filed with the hospital in which the operation is performed, if it be performed in a hospital, and one copy must be given to the patient or such person as he may designate. In the event of the necessity of an emergency operation, the delivery or filing of the above required copies of the diagnosis within twenty-four hours after the completion of the operation, or the mailing of the same to the Board of Health, hospital, and patient in person designated by the patient, within said period of twenty-four hours, shall be deemed to be a full compliance of this section.

Section 6. In any civil action any person or persons who has or have performed or assisted in acts or operations in violation of the provisions referred to and set forth in Section 4 hereof, shall be deemed to have been negligent by reason thereof, as a matter of law and such presumption of negligence shall be indisputable and conclusive. Any hospital or institution, whether charitable or otherwise, shall be liable to any patient for whom medical service of any kind or character is rendered for compensation or the agreement of patient to compensate the hospital for said service in all cases where any agent, servant or employee of said institution has performed or assisted in the performance of the acts or operations in violation of the provisions referred to and set forth in Section 4 hereof, or where said agents, servants or employees have been other-negligent, and as a proximate result of which have caused injury or damage to said patient.

Section 7. Every person who is damaged as result of a violation of this Act is entitled to recover from

the person or persons violating this Act his actual damages and a sum of Five Hundred (\$500) Dollars in addition thereto.

Section 8. All prescriptions shall be written in the English language. If a proprietary remedy, or what is known as a patent medicine, be prescribed, the prescription shall plainly state upon the face thereof the following words: "This is a patent medicine."

Section 9. Any violations of Sections 2, 4 or 6 of this Act shall be a misdemeanor and shall be punishable by imprisonment in the county jail for a period of not to exceed six months or by fine in a sum not to exceed Five Hundred (\$500) Dollars, or both. . . .

* * *

Apology for Printing the Above.—Apology is made for giving so much space to the above, but it may be desirable for members at large to have an opportunity to read such a proposed law. When the Legislature is in session, the officers of the Association—and particularly the Committee on Public Policy and Legislation—are called upon to read and study a large number (usually several hundred) measures antagonistic to the public health and scientific medicine. As a matter of fact, one of the real problems of each legislative session is to discover in the text of innocently appearing, proposed acts, the sentences and paragraphs which, if enacted into law, would become a real menace to public health standards. Only those who have followed legislation in the making can appreciate the vast amount of study and work necessary for the protection of public health interests.

* * *

Senator Swing's Address a Refreshing Contrast.—Before leaving this subject, attention is called to the paper recently read before the San Bernardino County Medical Society by Senator Ralph Swing, which is printed on page 221 of this issue. This address contains much of interest and value, and the Senator's advice on certain matters should be taken to heart by all of the medical profession. If his views were incorporated into the practice of many physicians, there would be a different story to tell than that which prevails in certain parts of California. You are urged to read what Senator Swing, who speaks as a layman, has to say to physicians and surgeons. It will be time well spent.

As for the proposed law parading under the caption, "Physicians' Liability Act," that will be watched by the representatives of the California Medical Association and other public health organizations.

ANNUAL MEETING OF CALIFORNIA'S PIONEER COUNTY MEDICAL SOCIETY

On Saturday, March 17, at the Sutter Club, the Sacramento Society for Medical Improvement held its sixty-sixth annual banquet, Dr. Robert E. Peers of Colfax acting as toastmaster and Judge Francis A. Garrecht of the United States District Court of Appeals as guest speaker, his subject being "Expert Medical Testimony."

A copy of the toast card has been received by the editor; and because of its historical interest the last page of the card is printed below.